

**CONGRESSMAN PAUL GILLMOR  
FIFTH CONGRESSIONAL DISTRICT - OHIO  
CONSTITUENT RELEASE FORM**

*Please print or type*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

\_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

\_\_\_\_\_ E-Mail Address: \_\_\_\_\_

County: \_\_\_\_\_

PROBLEM/REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Paul Gillmor or his staff to make inquiries on my behalf as they relate to the above stated matter.

\_\_\_\_\_  
Signature

Please return this form to:  
Congressman Paul Gillmor  
96 South Washington Street, Suite 400  
Tiffin, Ohio 44883